INSTRUCTIONS Please answer each quest clearly and completely. TYPE OR PRINT IN INK. Read carefully and follow all directions.		UNIT	E D	NATI . HISTORY	ONS		Do Not Write in	This Space	
I. Family name First name Middle name					Maide	en name, if any			
2. Date Day Month Y of Birth	Year 3.	. Place of birth		4. Nationality(ies	s) at birth	5. Pre	esent nationality(ies)	6. Sex	
7. Height 8. Weight		ital Status							
10. Entry into United Nations	Single Married Seperated						Widow(er) Divorced		
(a) Are there any limitations ((a) Are there any limitations on your ability to engage in all travel? YES NO								
			0. Present add	1000			13. Office telephone No.		
12.		11	1			,	() 14. <i>Fax No.</i>		
12.			1.				(14. rax ivo.		
			· · · · (`			()		
Telephone No. ()			elephone No. ()	"		E-Mail:		
15. Have you any dependents? NAME	YES Dai	te of Birth	Relationship	If the answer is "y	yes", give the f	ollowing in	nformation: Date of Birth	Relationship	
				1					
				1					
16. Have you taken up legal perma	anent resider	nce status in ar	ny country other	than that of your na	ationality?	YES		<u> </u>	
If answer is "yes", which countr	-						<u> </u>	_	
17. Have you taken any legal steps If answer is "yes", explain fully.		anging your pre	<pre>>sent nationality?</pre>	?		YES			
18. Are any of your relatives employ If answer is "yes", give the follo	yed by a pu	blic internationa	al organization?			YES	NO D]	
NAME			Relationship				of International Orga	anization	
19. What is your preferred field of work? 20. Would you accept employment for less than six months? YES 21. Have you previously submitted an application for employment with U.N.? If so, when?									
22. KNOWLEDGE OF LANGUAGES. What is your mother tongue? OTHER LANGUAGES READ WRITE SPEAK UNDERSTAND									
		Not Easily		Not Easily				Not Easily	
23. FOR CLERICAL GRADES ON	VLY. (Indica	ate speed in wo	ords per minute)		List any	/ office ma	achines or equipment	t you can use.	
	English	French	Other	Languages					
Typing				_					
Shorthand									
Chickand									

	or equivalent		ot translate or		-				 -	
NAME	, PLACE AND COUN	TRY	ATTENDED	FROM / TO	0	DEGREES a			MAIN C	OURSE OF STUD
			Mo. / Year	Mo. / Yea	r					
			/	/						
			/	/						
			/	/						
			/	/						
B. Schools or other training or education from age a NAME, PLACE AND COUNTRY		ation from age 14	14 (e.g. high school, technical sch TYPE			nool or apprenticeship) ATTENDED FROM / TO			CERT	IFICATES OR
INAME,				THE		Mo. / Year	Mo. / Ye			
						/	/	ai		
						/	,			
						/	/			
						/	/			
5. List professio	nal societies and activ	vities in civic publ	lic or internativ	onal affairs						
6 Listopy signi	ficant publications you	bovo writton (D								
o. List any signi	icant publications you	mave whiten (D	JINOTATIA	Сп)						
7. EMPLOYME	NT RECORD: <u>Startin</u>	g with your prese	nt post, list IN	IREVERSE	ORDER	every employi	ment you ha	ave had.	Use a sepa	rate block for each
post. Include	also service in the arr	med forces and n	ote any period	d during whi	ch you w	ere not gainful	ly employed	<u>ave had</u> . d. If you i	Use a sepa need more s	rate block for each space, attach
post. Include additional pag	also service in the ari ges of the same size.	med forces and n Give both gross a	ote any period and net salarie	d during whi	ch you w	ere not gainful	ly employed	ave had. d. If you i	Use a sepa need more s	rate block for each
post. Include additional pag	also service in the arr	med forces and n Give both gross a not presently in e	ote any period and net salarie	d during whic es per annur	ch you w m for you	ere not gainful	ly employed nt post.	ave had. d. If you i	Use a sepa need more s	rate block for each space, attach
post. Include additional pag A. PRESEN	also service in the an ges of the same size. T POST (Last post, if	med forces and n Give both gross a not presently in e	ote any perioo and net salarie mployment)	d during whic es per annur	ch you w m for you	ere not gainful Ir last or preser	ly employed nt post.	<u>ave had</u> . d. If you i	Use a sepa need more s	rate block for each
post. Include additional pag A. PRESEN FROM	also service in the an ges of the same size. TPOST (Last post, if TO	med forces and n Give both gross a not presently in e SALARIES	ote any period and net salarie mployment) S PER ANNU	d during whites per annur	ch you w m for you	ere not gainful Ir last or preser	ly employed nt post.	<u>ave had</u> . d. If you i	Use a sepa need more s	rate block for each space, attach
post. Include additional pag A. PRESEN	also service in the an ges of the same size. T POST (Last post, if	med forces and n Give both gross a not presently in e	ote any perioo and net salarie mployment)	d during whites per annur	ch you w m for you	ere not gainful Ir last or preser	ly employed nt post.	<u>ave had</u> . d. If you i	Use a sepa need more s	rate block for each
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post. Include additional pag <u>A. PRESEN</u> FROM Month / Year / IAME OF EMPLO	also service in the an ges of the same size. T POST (Last post, if TO Month / Year / OYER:	med forces and n Give both gross a not presently in e SALARIES	ote any period and net salarie mployment) S PER ANNU Fin	d during whi es per annur M E al 7 N S	ch you w n for you EXACT T VAME OF Io. and k upervise	rere not gainful Ir last or preser TITLE OF YOU BUSINESS: F SUPERVISC SUPERVISC ind of employe Ind of employe d by you:	ly employed nt post. R POST:	d. If you i	need more s	space, attach
post. Include additional pag A. PRESEN FROM Month / Year / JAME OF EMPLO	also service in the an ges of the same size. T POST (Last post, if TO Month / Year / OYER:	med forces and n Give both gross a not presently in e SALARIES	ote any period and net salarie mployment) S PER ANNU Fin	d during whia es per annur M E al 7 N	ch you w n for you EXACT T VAME OF Io. and k upervise	rere not gainful Ir last or preser TITLE OF YOU BUSINESS: F SUPERVISC SUPERVISC ind of employe Ind of employe d by you:	ly employed nt post. R POST:	d. If you i	need more s	space, attach
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post. Include additional pag A. PRESEN FROM Month / Year / JAME OF EMPLO	also service in the an ges of the same size. T POST (Last post, if TO Month / Year / OYER:	med forces and n Give both gross a not presently in e SALARIES	ote any period and net salarie mployment) S PER ANNU Fin	d during whi es per annur M E al 7 N S	ch you w n for you EXACT T VAME OF Io. and k upervise	rere not gainful Ir last or preser TITLE OF YOU BUSINESS: F SUPERVISC SUPERVISC ind of employe Ind of employe d by you:	ly employed nt post. R POST:	d. If you i	need more s	space, attach
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post. Include additional pag A. PRESEN FROM	also service in the an ges of the same size. T POST (Last post, if TO Month / Year / OYER:	med forces and n Give both gross a not presently in e SALARIES	ote any period and net salarie mployment) S PER ANNU Fin	d during whi es per annur M E al 7 N S	ch you w n for you EXACT T VAME OF Io. and k upervise	rere not gainful Ir last or preser TITLE OF YOU BUSINESS: F SUPERVISC SUPERVISC ind of employe Ind of employe d by you:	ly employed nt post. R POST:	d. If you i	need more s	space, attach
post. Include additional pag <u>A. PRESEN</u> FROM Month / Year / NAME OF EMPLO	also service in the an ges of the same size. T POST (Last post, if TO Month / Year / OYER:	med forces and n Give both gross a not presently in e SALARIES	ote any period and net salarie mployment) S PER ANNU Fin	d during whi es per annur M E al 7 N S	ch you w n for you EXACT T VAME OF Io. and k upervise	rere not gainful Ir last or preser TITLE OF YOU BUSINESS: F SUPERVISC SUPERVISC ind of employe Ind of employe d by you:	ly employed nt post. R POST:	d. If you i	need more s	space, attach
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post. Include additional pag <u>A. PRESEN</u> FROM Month / Year / JAME OF EMPLO	also service in the an ges of the same size. T POST (Last post, if TO Month / Year / OYER:	med forces and n Give both gross a not presently in e SALARIES	ote any period and net salarie mployment) S PER ANNU Fin	d during whi es per annur M E al 7 N N S	ch you w n for you EXACT T VAME OF Io. and k upervise	rere not gainful Ir last or preser TITLE OF YOU BUSINESS: F SUPERVISC SUPERVISC ind of employe Ind of employe d by you:	ly employed nt post. R POST:	d. If you i	need more s	space, attach

FROM	ТО	SALARIES F	PER ANNUM	EXACT TITLE OF YOUR POST	Τ:		
Month / Year /	Month / Year /	Starting	Final				
NAME OF EMPLO	DYER:			TYPE OF BUSINESS:			
ADDRESS OF EN	IPLOYER:			NAME OF SUPERVISOR:			
				No. and kind of employees supervised by you:	Reason for leaving:		
			DESCRIPTION	I OF YOUR DUTIES			
FROM	ТО	SALARIES F	PER ANNUM	EXACT TITLE OF YOUR POST	Τ:		
Month / Year /	Month / Year	Starting	Final				
NAME OF EMPLO) YER:			TYPE OF BUSINESS:			
ADDRESS OF EN	MPLOYER:			NAME OF SUPERVISOR:			
				No. and kind of employees supervised by you:	Reason for leaving:		
			DESCRIPTION	I OF YOUR DUTIES			
FROM	ТО	SALARIES F	PER ANNUM	EXACT TITLE OF YOUR POST	Γ:		
Month / Year /	Month / Year /	Starting	Final				
NAME OF EMPLOYER:				TYPE OF BUSINESS:			
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:			
				No. and kind of employees supervised by you:	Reason for leaving:		
			DESCRIPTION	I OF YOUR DUTIES			

28. Have you any objections to	our making inquiries of your present em	nployer? YES	NO 🗌			
29. Are you now or HAVE YOU EVER BEEN A CIVIL SERVANT in your Government's employ? YES NO						
If answer is "yes", WHEN?						
30. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications. (Do not repeat names of supervisors listed under Item 27.)						
FULL NAME		FULL ADDRESS	BUSINESS OR OCCUPATION			
31. STATE ANY OTHER RELE	VANT FACTS. Include information rega	arding any residence outside the country of	f your nationality.			
 Have you ever been arreste of any law (excluding minor t 			nvicted, fined or imprisoned for the violation			
	· _					
If "YES", give full particulars	of each case in an attached statement.					
33. OTHER AGENCIES OF TH	E UNITED NATIONS SYSTEM MAY E	BE INTERESTED IN OUR APPLICANTS.	DO YOU HAVE ANY OBJECTION TO			
YOUR PERSONAL HISTO	RY FORM BEING MADE AVAILABLE	TO THEM? YES	NO 🗌			
34. I certify that the statements	made by me in answer to the foregoing	questions are true, complete and correct to	o the best of my knowledge and belief.			
I understand that any misre	presentation or material omission made he United Nations liable to termination o	on a Personal History form or other docum	nent requested by the Organization			
DATE:		SIGNATURE:				
N.B. You will be requested to s	upply documentary evidence which sun	ports the statements you have made above	e. Do not, however send any documentary			
evidence until you have be	een asked to do so by the Organization for the sole use of the Organization.	and, in any event, do not submit the origina	al texts of references or testimonials unless			
נוופץ וומיפ גפנוו טגומווופט ו						